F:11 :	dia info		***************************************	- 1 (1 to Cline)			
		ermation to ident		nd this filing:			
Debto	or 1	First Name	Jane Smith	Middle Name	Last Name		
Debto	or 2 e, if filing)	First Name		Middle Name	Last Name		
1.		Bankruptcy Court		LE DISTRICT OF T			
Office	u States L	Sankrupicy Court	ioi tile. iviibbi	LE DIGTRICT OF T	LINILOGEL		
Case	number	3:17-04281-R	M3-7				☐ Check if this is an amended filing
							amenaea ming
Offi	cial F	orm 106A	/B				
		le A/B: F		,			12/15
					nce. If an asset fits in more than on	ne category, list the asset	
informa		ore space is neede			d people are filing together, both ar n. On the top of any additional page		
Part 1	Describ	e Each Residence	, Building, Land, e	or Other Real Estate	You Own or Have an Interest In		
1. Do y	ou own o	r have any legal or	equitable interes	t in any residence, b	ouilding, land, or similar property?		
	No. Go to P	Part 2					
_		e is the property?					
Port 2	Dogorib	e Your Vehicles					
Part 2	Describ	De Tour Verlicies					
					nicles, whether they are register Ile G: Executory Contracts and Ur		vehicles you own that
3 Car	rs. vans.	trucks, tractors.	sport utility vel	nicles, motorcycle	es.	•	
		,,		,			
□ N							
_ '	163						
3.1	Make:	Nissan		Who has an inter	est in the property? Check one		claims or exemptions. Put ured claims on Schedule D:
	Model:	Versa		Debtor 1 only			laims Secured by Property.
	Year: Approxim	2008 nate mileage:	123000	☐ Debtor 2 only ☐ Debtor 1 and □	ehtor 2 only	Current value of the entire property?	Current value of the portion you own?
,	Other info			_	the debtors and another		
				☐ Check if this is (see instructions)	s community property	\$5,075.00	\$5,075.00
					al vehicles, other vehicles, and		
Exa	mpies: Bo	oats, trailers, moto	ors, personal wat	tercraft, fishing ves	sels, snowmobiles, motorcycle ac	cessories	
	⁄es						
					ntries from Part 2, including any		\$5,075.00
Part 3	Describ	e Your Personal a	nd Household Ite	ems			
					e following items?		Current value of the portion you own? Do not deduct secured
		goods and furnis Major appliances,		china, kitchenware	Э		claims or exemptions.

□ No

Official Form 106A/B

Schedule A/B: Property

page 1

Best Case Bankruptcy

De	btor 1	Cathleen Ja	ne Smith	Case number (if known)	3:17-04281-RM3-7
	Yes.	Describe			
			Couch, loveseat, bed,		\$300.00
			ent. ctr., dresser, cookware, servingware, g seasonal decor, linens, books, desk.	glassware, flatware,	\$500.00
	■ No	les: Televisions	and radios; audio, video, stereo, and digital equipment; Il phones, cameras, media players, games	; computers, printers, scanners; music c	ollections; electronic devices
8. (Collecti Examp □ No	ibles of value les: Antiques and	d figurines; paintings, prints, or other artwork; books, pi ions, memorabilia, collectibles	ictures, or other art objects; stamp, coin,	or baseball card collections;
			signed Jay Cutler jersey		\$100.00
10.	Examp No Yes. Fireari Exam No Yes. Clothe Exam No No	musical inst Describe ms ples: Pistols, rifle Describe	ographic, exercise, and other hobby equipment; bicycle		and kayaks; carpentry tools;
			Clothing		\$350.00
13. 14.	■ No □ Yes. Non-fa Exam ■ No □ Yes. Any of ■ No	ples: Everyday je Describe arm animals ples: Dogs, cats, Describe	nd household items you did not already list, includi		old, silver
15			of all of your entries from Part 3, including any entrumber here		\$1,250.00
Pa	rt 4: De	escribe Your Fina	ncial Assets		

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Official Form 106A/B

page 2

Schedule A/B: Property

De	ebtor 1	Cathleen Jar	ne Smith		Case number (if known)	3:17-04281-RM3-7
						Do not deduct secured claims or exemptions.
16.	Cash					
		oles: Money you h	nave in your wallet, in your h	nome, in a safe deposit box, and on ha	and when you file your petiti	on
	■ No					
	☐ Yes					
17.				counts; certificates of deposit; shares ts with the same institution, list each.	in credit unions, brokerage l	nouses, and other similar
	☐ No			Leafterfan anna		
	Yes			Institution name:		
			17.1. Checking	Bank of America		\$320.00
	Examp		or publicly traded stocks investment accounts with b	rokerage firms, money market accour	nts	
	□ res		mondition of 1330c	Tiame.		
19.	•	ublicly traded sto enture	ock and interests in incor	porated and unincorporated busine	esses, including an interes	t in an LLC, partnership, and
		Give specific info	ormation about them			
		Civo opcomo min	Name of entity:		% of ownership:	
	Negoti Non-ne ■ No	iable instruments egotiable instrum	include personal checks, ca	potiable and non-negotiable instrum ashiers' checks, promissory notes, and ransfer to someone by signing or deliv	d money orders.	
21.	Examp	ment or pension ples: Interests in I		403(b), thrift savings accounts, or oth	ner pension or profit-sharing	plans
	■ No					
	⊔ Yes.	List each accoun	t separately. Type of account:	Institution name:		
	Your s		d deposits you have made s	so that you may continue service or us t, public utilities (electric, gas, water), t		nies, or others
				Institution name or individual	:	
			Utility	Murfreesboro Electric D	epartment	\$150.00
_						
23.		ies (A contract fo	r a periodic payment of mor	ney to you, either for life or for a numb	per of years)	
	■ No □ Yes	Iss	suer name and description.			
	□ 165		add flame and decomption.			
24.			on IRA, in an account in a 529A(b), and 529(b)(1).	qualified ABLE program, or under a	a qualified state tuition pro	ogram.
	Yes	Ins	stitution name and descripti	on. Separately file the records of any	interests.11 U.S.C. § 521(c)	
25.	Trusts, ■ No	, equitable or fut	ture interests in property (other than anything listed in line 1)), and rights or powers exe	rcisable for your benefit
	_	Give specific info	ormation about them			

Official Form 106A/B Schedule A/B: Property page 3

D	Callieen Jane Sinili		Co	ise number (ii known) 3	. 17-04201-KW3-7
26.	•	secrets, and other intellectual property ites, proceeds from royalties and licensing a	agreements	-	
	■ No□ Yes. Give specific information about the	em			
	 Licenses, franchises, and other genera Examples: Building permits, exclusive lice No Yes. Give specific information about the 	enses, cooperative association holdings, liq	quor license	s, professional licenses	
M	oney or property owed to you?				Current value of the
					portion you own? Do not deduct secured claims or exemptions.
	. Tax refunds owed to you				
	☐ No☐ Yes. Give specific information about the	em, including whether you already filed the	returns and	the tax years	
		Refund from the 2018 tax return of	the		
		Debtor.	uic	Federal	\$2,500.00
	■ No □ Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability insur benefits; unpaid loans you ma	rance payments, disability benefits, sick pay ade to someone else	/, vacation μ	oay, workers' compensa	ntion, Social Security
	☐ Yes. Give specific information				
31.	. Interests in insurance policies Examples: Health, disability, or life insura ■ No	ance; health savings account (HSA); credit,	homeowne	r's, or renter's insurance	
	☐ Yes. Name the insurance company of e Company na		Beneficiary	:	Surrender or refund value:
32.	 Any interest in property that is due you If you are the beneficiary of a living trust, someone has died. No 	u from someone who has died expect proceeds from a life insurance polic	cy, or are cu	rrently entitled to receive	e property because
	☐ Yes. Give specific information				
33.	Examples: Accidents, employment disput No	or not you have filed a lawsuit or made a tes, insurance claims, or rights to sue	demand fo	r payment	
24	Yes. Describe each claim	ma of overview in alcoling a construction	lma ef th-	dahtar and similar to the	at aff alaima
	No No Describe each claim	ms of every nature, including countercla	ilms of the	deptor and rights to se	et off claims
	. Any financial assets you did not alread	ly list			
	■ No	-			
	☐ Yes Give specific information				

Official Form 106A/B Schedule A/B: Property page 4

Deb	otor 1	Cathleen Jane Smith		Case number (if known)	3:17-04281-RM3-7
36.		the dollar value of all of your entries from Part 4, including art 4. Write that number here			\$2,970.00
Part	5: De	scribe Any Business-Related Property You Own or Have an Int	erest In. List any real esta	ate in Part 1.	
37. [Do you o	own or have any legal or equitable interest in any business-rela	ited property?		
	No. Go	o to Part 6.			
	Yes. G	Go to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property Yo rou own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
46.	Do you	u own or have any legal or equitable interest in any farm	n- or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes	s. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	ou Did Not List Above		
53.	•	u have other property of any kind you did not already lisples: Season tickets, country club membership	t?		
	■ No	oros. Couson tionets, country dus membership			
		Give specific information			
54.	Add t	the dollar value of all of your entries from Part 7. Write t	hat number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	1: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$5,075.00		
57.	Part 3	3: Total personal and household items, line 15	\$1,250.00		
58.	Part 4	4: Total financial assets, line 36	\$2,970.00		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54	+\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$9,295.00	Copy personal property to	otal \$9,295.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$9,295.00

Official Form 106A/B Schedule A/B: Property page 5

Fill in this information to identify your case:					
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSEE		
Case number	3:17-04281-RM3-7				
(if known)	O.I. VIZOI KINO				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1.	Which set of exemptions are you claiming? Check one only, ev	en if your spouse is filing with you.	
	■ You are claiming state and federal nonbankruptcy exemptions.	11 U.S.C. § 522(b)(3)	

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
\$5,075.00		\$2,235.00	Tenn. Code Ann. § 26-2-103
		100% of fair market value, up to any applicable statutory limit	
\$500.00		\$500.00	Tenn. Code Ann. § 26-2-103
		100% of fair market value, up to any applicable statutory limit	
\$100.00		\$100.00	Tenn. Code Ann. § 26-2-103
		100% of fair market value, up to any applicable statutory limit	
\$350.00		\$350.00	Tenn. Code Ann. § 26-2-104
		100% of fair market value, up to any applicable statutory limit	
\$320.00		\$320.00	Tenn. Code Ann. § 26-2-103
	\$5,075.00 \$5,000.00 \$100.00 \$350.00	\$500.00 \$100.00 \$350.00 \$350.00	\$5,075.00 \$5,075.00 \$5,075.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$350.00 \$350.00

Del	Cathleen Jane Sinith		Case number (ii known)	3.17-04201-KW3-7	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption.		
	Utility: Murfreesboro Electric Department Line from Schedule A/B: 22.1	\$150.00	\$150.00 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103	
	Federal: Refund from the 2018 tax return of the Debtor. Line from Schedule A/B: 28.1	\$2,500.00	\$2,500.00 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes	3 years after that for ca		,	

Fill in this information to ident	fy your case:					
Debtor 1 Cathleen .	ane Smith					
First Name	Middle	Name	Last Name			
Debtor 2						
(Spouse if, filing) First Name	Middle	Name	Last Name			
United States Bankruptcy Court	or the: MIDDLE D	ISTRICT OF TENNE	SSEE			
Case number 3:17-04281-R	M3-7	_			_	if this is an led filing
Official Form 106D						
Schedule D: Credi	tors Who Ha	ve Claims S	Secure	ed by Property	/	12/15
Be as complete and accurate as po is needed, copy the Additional Page number (if known).						
1. Do any creditors have claims sec	ured by your property?	•				
☐ No. Check this box and so	ıbmit this form to the	court with your other	schedules.	You have nothing else to	report on this form.	
Yes. Fill in all of the inform	nation below.					
				. Column A	Column B	Column C
List all secured claims. If a credit for each claim. If more than one cred much as possible, list the claims in al	itor has a particular clair	n, list the other creditors	in Part 2. As		Value of collateral that supports this claim	Unsecured portion If any
2.1 Ally	Describe the p	property that secures the	he claim:	\$1,998.48	\$5,075.00	\$0.00
Creditor's Name	2008 Nissa	n Versa 123000 m	iles			
PO Box 380901	As of the date	you file, the claim is: (Check all that			
Minneapolis, MN	apply.	, ou, c.uc.	oncok ali triat			
55438-0901	Contingent					
Number, Street, City, State & Zip Co	0qu.uuto	d				
Who owes the debt? Check one.	☐ Disputed	. Check all that apply.				
_	_	ent you made (such as n	nortagae or s	ecured		
Debtor 1 only	car loan)	siit you made (suoii as ii	nortgage or s	iccurcu		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	□ Statutory lie	en (such as tax lien, med	hanio's lion)			
☐ At least one of the debtors and ar	_ '	en from a lawsuit	nanic s lien)			
Check if this claim relates to a community debt	· ·	ding a right to offset)	Auto Loa	n		
Date debt was incurred10/6/12	Last 4 d	digits of account numb	er <u>1389</u>	<u> </u>		
2.2 Progressive Financial Services Creditor's Name	Describe the p	property that secures t	he claim:	\$115.74	\$500.00	\$0.00
PO Box 22083 Tempe, AZ 85285	apply. Contingent	you file, the claim is: (Check all that			
Number, Street, City, State & Zip Co	de Unliquidate Disputed	a				
Who owes the debt? Check one.		. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	An agreeme car loan)	ent you made (such as n	nortgage or s	secured		
Debtor 1 and Debtor 2 only	☐ Statutory lie	en (such as tax lien, med	hanic's lien)			
☐ At least one of the debtors and ar	′	en from a lawsuit	- /			
☐ Check if this claim relates to a community debt	Other (inclu	ding a right to offset)	Purchase	Money Security		
Date debt was incurred 9/17/20	16 Last 4 (digits of account numb	er 3078	}		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Cathleen Jane Smith		Case number (if known)	3:17-04281-RM3-7	,
First Name Middle N	lame Last Name			
2.3 Snap Finance	Describe the property that secures the claim:	\$722.92	\$300.00	\$422.92
Creditor's Name	Couch, loveseat, bed,			
123 E. South Temple Salt Lake City, UT 84101	As of the date you file, the claim is: Check all the apply. ☐ Contingent	tt		
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage c car loan)	r secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	se Money Security		
Date debt was incurred 11/2016	Last 4 digits of account number 64	TN		
•	Column A on this page. Write that number here:	\$2,837	.14	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$2,837	.14	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			
trying to collect from you for a debt you o	oe notified about your bankruptcy for a debt that owe to someone else, list the creditor in Part 1, a t you listed in Part 1, list the additional creditors his page.	nd then list the collection age	ncy here. Similarly, if you	have more
Name, Number, Street, City, State & Atlas Acquisitions	Zip Code On	which line in Part 1 did you ent	er the creditor? 2.3	
294 Union Street Hackensack, NJ 07601	La	st 4 digits of account number	-	
Name, Number, Street, City, State & Jefferson Capital Systems	Zip Code On	which line in Part 1 did you ent	er the creditor?	
PO Box 7999 Saint Cloud, MN 56302-961		st 4 digits of account number	-	
Name, Number, Street, City, State & NPRTO South-East LLC	Zip Code On	which line in Part 1 did you ent	er the creditor? 2.2	
256 West Data Drive Draper, UT 84020	La	st 4 digits of account number	-	

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in this	information to identify your cas	e:		
Debtor 1	Cathleen Jane Smith	1		
ı	First Name	Middle Name	Last Name	_
Debtor 2	That Name	Middle Norse	LastNama	_
(Spouse if, filing	g) First Name	Middle Name	Last Name	
United Stat	es Bankruptcy Court for the:	IIDDLE DISTRICT OF	FENNESSEE	_
Case numb	per 3:17-04281-RM3-7			
(if known)	3.17-04201-KM3-7			☐ Check if this is an
				amended filing
	Form 106E/F			
Schedu	le E/F: Creditors Who	o Have Unsecu	red Claims	12/15
name and ca	ne Continuation Page to this page. I se number (if known). _ist All of Your PRIORITY Unse	•	n to report in a Part, do not file that Part. On	n the top of any additional pages, write your
1. Do any	creditors have priority unsecured cl	aims against you?		
■ No. C	Go to Part 2.			
☐ Yes.				
	ist All of Your NONPRIORITY L	Insecured Claims		
3. Do any	creditors have nonpriority unsecure	ed claims against you?		
□ No. \	ou have nothing to report in this part.	Submit this form to the cou	urt with your other schedules.	
Yes.	5		,	
unsecure	ed claim, list the creditor separately for	each claim. For each clair	er of the creditor who holds each claim. If a m listed, identify what type of claim it is. Do no If you have more than three nonpriority unsec	t list claims already included in Part 1. If more
44 4-	A - (D		0.400	
	Astra Recovery Services, In priority Creditor's Name	nc. Last 4 digits	of account number 2460	\$710.24
733	30 W. 33rd Street N., Suite 1 chita, KS 67205	18 When was th	ne debt incurred?	
Nur	nber Street City State Zip Code	As of the dat	te you file, the claim is: Check all that apply	
Wh	o incurred the debt? Check one.			
	Debtor 1 only	☐ Contingen	nt	
	Debtor 2 only	☐ Unliquidat	ied	
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and anothe	"	IPRIORITY unsecured claim:	
	Check if this claim is for a commur	•		
deb Is ti	ot he claim subject to offset?	report as prio		
	No	☐ Debts to p	pension or profit-sharing plans, and other simil	ar debts
	Yes	Other Sp	ecify	

Debto	Cathleen Jane Smith	Case number (if known) 3:17-04281-RM	3-7
4.2	Advance Financial	Last 4 digits of account number	\$373.16
	Nonpriority Creditor's Name 1661 Memorial Blvd. Murfreesboro, TN 37129	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify	
4.3	Affilliated Creditors, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 5545	\$365.00
	PO Box 148240	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Emergency Groups - Rutherford	
4.4	Affilliated Creditors, Inc.	Last 4 digits of account number 0209	\$246.80
	Nonpriority Creditor's Name PO Box 292617	When was the debt incurred?	
	Nashville, TN 37229-2617 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Michael Silberman, MD	

Debt	or 1 Cathleen Jane Smith	Case number (if known) 3:17-04281-						
4.5	Ashley Funding Services	Last 4 digits of account number \$67.						
	Nonpriority Creditor's Name C/o Resurgent Capital Services PO Box 10587	When was the debt incurred?	·					
	Greenville, SC 29603-0587 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	_						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	Other. Specify						
4.6	Convergent Outsourcing Nonpriority Creditor's Name	Last 4 digits of account number	\$277.00					
	P.O. Box 9004 Renton, WA 98057	When was the debt incurred?						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Comcast						
4.7	Convergent Outsourcing	Last 4 digits of account number	\$237.32					
	Nonpriority Creditor's Name P.O. Box 9004 Ponton, WA 00057	When was the debt incurred?						
	Renton, WA 98057 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	□Yes	■ Other Specify T-Mobile						
		— Outer, Specify						

1 Cathleen Jane Smith	Case number (if known) 3:17-04281-RM3	-7
Middle Tennessee Ambulatory Surgery	Last 4 digits of account number 9562	\$231
Nonpriority Creditor's Name 1800 Medical Center Pkwy, Suite 120	When was the debt incurred?	
Murfreesboro, TN 37129	_	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Midsouth	Last 4 digits of account number 2484	\$69
Nonpriority Creditor's Name 1830 Heritage Park Plaza Murfreesboro, TN 37129-1575	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Murfreesboro Anesthesia Group,	FOLIA	*
PA Nonpriority Creditor's Name	Last 4 digits of account number 56H4	\$113
Attn: Melissa PO Box 1252	When was the debt incurred?	
Murfreesboro, TN 37133	As of the date was file the claim in Ot 1 Hill 1	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
_	□ Debts to pension or profit-sharing plans, and other similar debts	
No	ப Debis to pension or profit-snaring plans, and other similar debts	
Yes	Other. Specify	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 8

Cathleen Jane Smith	Case number (if known)	•
Murfreesboro Radiology	Last 4 digits of account number 2410	,
Nonpriority Creditor's Name PO Box 3233	When was the debt incurred?	
Indianapolis, IN 46206-3233 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Nashville Adjustment Bureau Nonpriority Creditor's Name	Last 4 digits of account number C385	\$5
PO Box 198988 Nashville, TN 37219-8988	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Labplus	
Rutherford County EMS	Last 4 digits of account number 4682	\$5
Nonpriority Creditor's Name 611 E.Lytle Street Murfreesboro, TN 37130	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
No		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debto	or 1 Cathleen Jane Smith		Case number (if known)	3:17-04281-RM3-7					
4.1	Santander Consumer USA	Last 4 digits of account number	5172	\$7,828.12					
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 560284	When was the debt incurred?	10/6/2016						
	Dallas, TX 75247								
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply							
	Debtor 1 only	Continuent							
	Debtor 2 only	☐ Contingent☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not					
	■ No	Debts to pension or profit-sharir	ng plans, and other similar de	ebts					
	— NO	Def Bal	ig plane, and other ominar at	,,,,,					
	Yes	Other. Specify 2015 Nissa	n Versa 59000 miles						
4.1 5	Tennessee Orthopaedic Alliance	Last 4 digits of account number	4880	\$266.00					
	Nonpriority Creditor's Name PO Box 9124	When was the debt incurred?							
	Minneapolis, MN 55480-9124 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not					
	No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts					
	Yes	Other. Specify							
4.1			All						
6	US Department of Education	Last 4 digits of account number	Accounts	\$17,284.00					
	Nonpriority Creditor's Name Claims Filing Unit PO Box 16448	When was the debt incurred?							
	Saint Paul, MN 55116-0448 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.	•	,						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	d claim:							
	☐ Check if this claim is for a community	Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	· ·	·					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts					
	☐ Yes	Other. Specify							

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 8

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Speedy/Rapid Cash Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 780408 Part 2: Creditors with Nonpriority Unsecured Claims Wichita, KS 67278 Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? T-Mobile

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9001

On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address

Tennessee Orthopaedic Alliance Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Schedule E/F: Creditors Who Have Unsecured Claims Official Form 106 E/F

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PO Box 37380

Albuquerque, NM 87176-7380

1800 Medical Center Parkway, Suite 200

Murfreesboro, TN 37129

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				-	Total Claim
	6f.	Student loans	6f.	\$	17,284.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	12,569.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	29,853.00

Doc 58

Case 3:17-bk-04281

Fill in this information to identify your case:						
Debtor 1	Cathleen Jane Sn	nith				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	TENNESSEE			
Case number	3:17-04281-RM3-7					
(if known)	0.17 04201 Killo 7				☐ Check i amende	if this is an ed filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4	,				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	City		Oldio	Zii Oodo	
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Fill in this	s information to identify you	r case.			
Debtor 1	Cathleen Jane S	mith Middle Name	Last Name		
Debtor 2					
(Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSEE		
Case num	ber 3:17-04281-RM3-7				
(if known)				☐ Check if this is an	I
				amended filing	
Officia	l Form 106H				
Sched	dule H: Your Cod	lebtors		1:	2/15
■ No □ Yes	s	u lived in a community pr	operty state or territor	ry? (Community property states and territories include	e
No. Yes 3. In Colin line Form	. Go to line 3. s. Did your spouse, former spouse, former spouse, former spouse, former spouse. lumn 1, list all of your codebe 2 again as a codebtor only	ouse, or legal equivalent live otors. Do not include your if that person is a guaran	e with you at the time? spouse as a codebtor tor or cosigner. Make	r if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (0 166). Use Schedule D, Schedule E/F, or Schedule	Officia
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The creditor to whom you owe the Check all schedules that apply:	debt
3.1				☐ Schedule D, line	
3.1	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		
				По	
3.2	Name			□ Schedule D, line □ Schedule E/F, line	
				☐ Schedule G, line	
=	Number Street			_	
	City	State	ZIP Code		

Schedule H: Your Codebtors

Fill	in this information t	to identify your ca	ase:								
Del	btor 1	Cathleen Ja	ne Smith			_					
	btor 2 buse, if filing)										
Uni	ited States Bankrup	otcy Court for the	: MIDDLE DISTRICT O	F TENNESSEE							
Cas	se number 3:1	17-04281-RM3-	-7				Check if the	is is:			
(If kr	nown)			-			☐ An ame		Ū		
										g postpetition Ilowing date	•
\bigcirc	fficial Form	1061								nowing date	•
	chedule I:		omo				MM / D	D/ YY	/YY		40/45
			offie sible. If two married peo	nle are filing togethe	r (Dobt	or 1 :	and Debtor 2)	hoth	are equ	ally respon	12/15
spo atta	use. If you are sep ch a separate she	parated and you	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not includ	de infor	matio	on about your	spou	ise. If mo	re space is	needed,
1.	Fill in your empl	loyment		Debtor 1			Deb	tor 2	or non-fil	ing spouse	
	If you have more	than one job,		☐ Employed				☐ Employed			
	attach a separate information about	e page with	Employment status*	■ Not employed			□N	☐ Not employed			
	employers.		Occupation								
	Include part-time, self-employed wo		Employer's name								
	Occupation may or homemaker, if		Employer's address								
			How long employed the		achmen	t for	Additional En	nploy	ment Info	ormation	
Pai	rt 2: Give De	tails About Mor	nthly Income								
		ome as of the da	ate you file this form. If y	you have nothing to re	port for	any I	ine, write \$0 in	the s	space. Inc	lude your no	n-filing
If yo	ou or your non-filing e space, attach a s	spouse have mo eparate sheet to	ore than one employer, co	ombine the information	for all e	emplo	oyers for that p	erson	on the lir	nes below. If	you need
							For Debtor 1			otor 2 or ng spouse	
2.			ry, and commissions (be calculate what the monthly		2.	\$	0.	00	\$	N/A	=
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$	0.	00	+\$	N/A	_
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	0.00)	\$	N/A	

Debtor 1 Cathleen Jane Smith Case number (if known) 3:17-04281-RM3-7 For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 0.00 \$ N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 0.00 N/A 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 N/A Voluntary contributions for retirement plans 5c. 5c. 0.00 N/A 5d. Required repayments of retirement fund loans 5d. 0.00 N/A Insurance 5e. 5e. \$ 0.00 N/A 5f. **Domestic support obligations** 5f. \$ 0.00 \$ N/A 5g. 5g. **Union dues** \$ \$ 0.00 N/A Other deductions. Specify: 5h. 5h.+ 0.00 \$ N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 N/A 7. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$ 0.00 \$ N/A 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 8a. \$ N/A monthly net income. 0.00 8h. Interest and dividends 8b. 0.00 N/A 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 N/A 8d. **Unemployment compensation** 8d. 0.00 N/A 8e. **Social Security** 8e. 0.00 N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: **Unemployment Insurance Payments** 1,191.67 N/A 8g. Pension or retirement income 8g. 0.00 \$ N/A Other monthly income. Specify: 8h. 8h.+ \$ 0.00 \$ N/A Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 1,191.67 N/A 10. \$ N/A 10. Calculate monthly income. Add line 7 + line 9. \$ 1,191.67 \$ 1,191.67 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 1,191.67 12. applies Combined

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

monthly income

Debtor 1 Cathleen Jane Smith Case number (if known) 3:17-04281-RM3-7

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Billing	
Name of Employer	XIA Family Medical	
How long employed	6 years	
Address of Employer	315 Robert Rose Drive, Suite F	
	Murfreesboro, TN 37129	

Fill	in this info	rmation to identify yo	our case:						
Deb	tor 1	Cathleen Jai	ne Smith			Chec	k if this is:		
		-				_	An amended filing		
	tor 2	~)					A supplement shov 13 expenses as of	ving postpetition chapter	
(Spc	ouse, if filing	9)					13 expenses as or	the following date.	
Unit	ed States E	Bankruptcy Court for the	: MIDDLE	E DISTRICT OF TENNESS	SEE	_	MM / DD / YYYY		
	e number	3:17-04281-RM3	3-7						
(If ki	nown)								
Of	fficial	Form 106J							
		ıle J: Your	Exper	ISES				12/1	5
Be info nur	as compl ormation. nber (if k	ete and accurate as If more space is ne nown). Answer eve	s possible. eded, atta ry question	If two married people ar ch another sheet to this				or supplying correct	_
Par 1.		escribe Your House joint case?	ehold						_
	■ No. C	Go to line 2. Does Debtor 2 live	in a senar:	ate household?					
		□ No	a copa						
		_ : : -	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debt	or 2.		
2.	Do you	have dependents?	■ No						
	Do not li Debtor 2	st Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not s	tate the						□ No	
	depende	ents names.						☐ Yes	
								□ No	
								☐ Yes	
								□ No	
								☐ Yes	
								□ No	
	_						· -	☐ Yes	
3.	expense	expenses include es of people other t f and your depende	han 👝	No Yes					
		stimate Your Ongoi							_
exp		of a date after the		uptcy filing date unless y y is filed. If this is a supp					
				government assistance it					
	ficial Forr						Your exp	enses	
4.		tal or home owners ts and any rent for th		ses for your residence. In	nclude first mortgage	e 4. \$		540.00	
	If not in	cluded in line 4:							
	4a. R	eal estate taxes				4a. \$		0.00	
	4b. P	roperty, homeowner's	s, or renter	's insurance		4b. \$		0.00	
		ome maintenance, re				4c. \$		0.00	
_		omeowner's associa				4d. \$		0.00	
5.	Additio	nai mortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00	

Official Form 106J

	Cathleen Jane Smith	Case numl	oer (if known)	3:17-04281-RM3-7
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	80.00
	6b. Water, sewer, garbage collection	6b.	\$	28.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies		\$	200.00
	Childcare and children's education costs	8.	\$	0.00
-	Clothing, laundry, and dry cleaning	9.	\$	0.00
	Personal care products and services	10.	\$	0.00
	Medical and dental expenses	11.	·	0.00
	Transportation. Include gas, maintenance, bus or train fare.		Ψ	0.00
	Do not include car payments.	12.	\$	80.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	Charitable contributions and religious donations	14.	\$	0.00
	Insurance.			0.00
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	·	80.26
	15d. Other insurance. Specify:	15d.	·	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	130.	Ψ	0.00
	Specify:	16.	\$	0.00
	Installment or lease payments:	170	œ.	402.00
	17a. Car payments for Vehicle 1	17a.	·	183.00
	17b. Car payments for Vehicle 2	17b.	·	0.00
	17c. Other. Specify:	17c.		0.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as		¢	0.00
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	\$	
	Other payments you make to support others who do not live with you. Specify:	19.	Φ	0.00
	Other real property expenses not included in lines 4 or 5 of this form or on Scho			
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
	·		·	
	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	1,191.26
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,191.26
23.	Calculate your monthly net income.	'		
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,191.67
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	1,191.26
		ı	· -	,
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	0.41
	Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?			ease or decrease because of a
	■ No.			

Fill in this infor	rmation to identify your	case:				
Debtor 1	Cathleen Jane Sn	nith				
	First Name	Middle Name	Las	st Name		
Debtor 2		ACT III AT				
(Spouse if, filing)	First Name	Middle Name	Las	st Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSE	E		
Case number	3:17-04281-RM3-7					
(if known)						
						amended filing
Official For	m 106Dec					
		n Individual	Dobt	or's Sabadu	loc	
Deciara	tion About a	iii iiiuiviuuai	Debt	or 5 Scriedu	162	12/15
If two married p	eople are filing together	, both are equally respo	nsible for s	upplying correct inform	ation.	
obtaining mone		le bankruptcy schedules n connection with a bank 519, and 3571.				
Sig	gn Below					
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help	you fill out bankruptcy	forms?	
■ No						
☐ Yes.	Name of person					etition Preparer's Notice, nature (Official Form 119)
				L	reciaration, and Sign	iature (Oniciai Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and s	chedules filed with this	declaration and	
X /s/ Cat	thleen Jane Smith		х			
	en Jane Smith			Signature of Debtor 2		
Signatu	ure of Debtor 1					

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Date ____

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Date February 8, 2019

Best Case Bankruptcy

-#I	l in this inform	nation to identify you	ur casa:			
	ebtor 1	Cathleen Jane S				
	otor i	First Name	Middle Name	Last Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSEE		
Ca	se number	3:17-04281-RM3-7				
1	nown)	3.17-04201-KW3-7				Check if this is an amended filing
~	··· · · -	4.0=				
	fficial Fo	-	Affaire for Indiv	iduals Filing for E	lankruntev	4/16
				e are filing together, both are		
info	ormation. If m		, attach a separate sheet t	to this form. On the top of an		
	<u> </u>	,	arital Status and Where Y	ou Lived Before		
1.		r current marital stat		ou Lived Belofe		
•	_					
	☐ Married■ Not mail					
2.	During the I	ast 3 years, have you	lived anywhere other tha	n where you live now?		
	□ No					
	_	st all of the places you	lived in the last 3 years. Do	not include where you live nov	v.	
	Debtor 1 Pr	ior Address:	Dates Debtor lived there	1 Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there
	Apt 614	utherford Blvd. ooro, TN 37130	From-To: 1/10 - 12/18	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
3. stat	tes and territor No	<i>ie</i> s include Arizona, Ca		egal equivalent in a commun Nevada, New Mexico, Puerto R Official Form 106H).		
Pa	rt 2 Explai	in the Sources of You	ır İncome			
. u						
4.	Fill in the tota	al amount of income yo	ou received from all jobs an	ting a business during this y d all businesses, including part vive together, list it only once u	-time activities.	lendar years?
	□ No					
	Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

□ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Doc 58

Creditor's Name and Address

Dates of payment

Total amount

Amount you

Was this payment for ...

paid

still owe

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Case 3:17-bk-04281

7.	Insiders include you of which you are an	re you filed for bankruptcy r relatives; any general par officer, director, person in co rate as a sole proprietor. 11	tners; relatives of any gene control, or owner of 20% or	eral partners; partne more of their voting	erships of which g g securities; and	you are a genera any managing a	al partner; corporations agent, including one for
	■ No						
	Yes. List all pay	yments to an insider.					
	Insider's Name an	d Address	Dates of payment	Total amount paid	Amount you still owe		this payment
8. Within 1 year before you filed for bankruptcy, did you n insider? Include payments on debts guaranteed or cosigned by an in				nents or transfer a	ny property on	account of a d	ebt that benefited an
	■ No □ Yes. List all par	yments to an insider					
	Insider's Name an	•	Dates of payment	Total amount paid	Amount you still owe		this payment
Pai	rt 4: Identify Lega	ıl Actions, Repossessions	s. and Foreclosures	para	S S		2.10. 0 1.0.1.0
	iuoiiiiy Logu		<u>,</u>				
9.		e you filed for bankrupte; , including personal injury contract disputes.					
	■ No □ Yes. Fill in the	details.					
	Case title Case number		Nature of the case	Court or agency		Status of th	ne case
10.		re you filed for bankrupto and fill in the details below		rty repossessed, fo	oreclosed, garr	nished, attached	d, seized, or levied?
	■ No. Go to line ? □ Yes. Fill in the	11. information below.					
	Creditor Name and	d Address	Describe the Property		Dat	e	Value of the
	ordanor namo an	a 71441 000	Explain what happened		24.	.•	property
11.		ore you filed for bankrupt to make a payment beca		uding a bank or fir	nancial institution	on, set off any a	amounts from your
	■ No	to make a payment beea	ase you owed a dest.				
	☐ Yes. Fill in the	details.					
	Creditor Name and	d Address	Describe the action the	creditor took	Dat tak	e action was	Amount
12.		e you filed for bankruptc ceiver, a custodian, or an		rty in the possessi	ion of an assigr	nee for the ben	efit of creditors, a
		,					
	■ No □ Yes						
Pai	rt 5: List Certain (Gifts and Contributions					
13.	_ ′	ore you filed for bankrupt	cy, did you give any gifts	with a total value	of more than \$6	600 per person	?
	■ No						
		details for each gift.					
	Gifts with a total v	ralue of more than \$600	Describe the gifts			es you gave gifts	Value
	Person to Whom \ Address:	You Gave the Gift and					

Case number (*if known*) 3:17-04281-RM3-7

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 Cathleen Jane Smith

Deb	otor 1 Cathleen Jane Smith			Case number (ii	f known) 3:17-0428	1-RM3-7
14.	Within 2 years before you filed for bank ■ No			ns with a total	value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or	contributi	on.			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co.		Describe what you contributed		Dates you contributed	Value
Part	t 6: List Certain Losses					
	Within 1 year before you filed for bankror gambling?	uptcy or	since you filed for bankruptcy, did y	you lose anyth	ing because of thef	t, fire, other disaster,
	□ No					
	Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the let the amount that insurance has paid. Let claims on line 33 of Schedule A/B:	List pending	Date of your loss	Value of property lost
	2008 Nissan Versa Damage in an auto accident	None			12/29/18	\$1,000.00
	Include any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Henry Hildebrand Chapter 13 Trustee P.O. Box 340019 Nashville, TN 37203		Description and value of any prop transferred	·	Date payment or transfer was made See Trustee	Amount of payment \$6,347.25
 Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li 		editors o	r to make payments to your creditor		transfer any prope	rty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second include yes. Fill in the details.	our busin rs made a	ess or financial affairs? as security (such as the granting of a s			
	Person Who Received Transfer Address		Description and value of property transferred	payments r	ny property or received or debts	Date transfer was made
	Person's relationship to you			paid in exc	hange	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No ☐ Yes. Fill in the details.		y property to a	self-settle	d trust or similar device	of which you are a
	Name of trust	Description and va	alue of the pro	perty trans	ferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and St	torage Unit	s	
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No Yes. Fill in the details.	other financial accoun	its; certificates	s of deposit		
		ast 4 digits of ccount number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables? No Yes. Fill in the details.	r before you filed for	bankruptcy, a	ny safe dep	oosit box or other deposi	itory for securities,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or p No Yes. Fill in the details.	place other than your	home within 1	year befor	e you filed for bankrupto	ey?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?
	StorPlace of Rutherford Blvd. 2615 S. Rutherford Blvd. Murfreesboro, TN 37130	Debtor Jazmin Smith		clothes, desk, movies, dishes		□ No ■ Yes
Par	t 9: Identify Property You Hold or Control for	r Someone Else				
23.	Do you hold or control any property that some for someone. No Yes. Fill in the details.	one else owns? Inclu	de any proper	ty you borr	owed from, are storing f	or, or hold in trust
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prope (Number, Street, City, St Code)		Describe	the property	Value

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or
toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or
regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Name

State and ZIP Code)

	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.				
Rep	oort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.		
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?					
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of an	y release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice	
26.	Have you been a party in any judicial or admin	istrative proceeding under any env	ironmental law? Include settlements	and orders.	
	■ No □ Yes. Fill in the details.				
	Case Title	Court or agency	Nature of the case	Status of the	

Part 11: Give Details About Your Business or Connections to Any Business

		•			
27.	. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?				
	☐ A sole proprietor or self-employed	in a trade, profession, or other activity, eitl	her full-time or part-time		
	☐ A member of a limited liability con	npany (LLC) or limited liability partnership (LLP)		
	☐ A partner in a partnership				
	☐ An officer, director, or managing e	executive of a corporation			
	☐ An owner of at least 5% of the voting or equity securities of a corporation				
	No. None of the above applies. Go to	Part 12.			
	Yes. Check all that apply above and fill in the details below for each business.				
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.		

Address (Number, Street, City,

Official Form 107

Case Number

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Desc Main

case

Dates business existed

Deb	tor 1 Cathleen Jane Smith	C	Case number (if known)	3:17-04281-RM3-7
	Within 2 years before you filed for bank institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below.	ruptcy, did you give a financial statement to	anyone about your	business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
Part	12: Sign Below			
with 18 U		ng a false statement, concealing property, or p to \$250,000, or imprisonment for up to 20 y		property by fraud in connection
	hleen Jane Smith nature of Debtor 1	Signature of Debtor 2		
Date	February 8, 2019	Date		
Did y ■ N	0	tement of Financial Affairs for Individuals Fili	ing for Bankruptcy (Official Form 107)?
Did y ■ N		s not an attorney to help you fill out bankrupt	tcy forms?	
\square Ye	es. Name of Person Attach the Bal	nkruptcy Petition Preparer's Notice, Declaration,	, and Signature (Offic	ial Form 119).

Fill in this infor	mation to identify your	case:		
Debtor 1	Cathleen Jane Sr	nith		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	TENNESSEE	
_	3:17-04281-RM3-7			
(if known)				Check if this is an
				amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Ally	☐ Surrender the property.	■ No
name:	Retain the property and redeem it.	– NO
Description of 2008 Nissan Versa 123000 miles	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	■ Retain the property and [explain]: Retain and Pay	
Creditor's Progressive Financial Services	Surrender the property.	■ No
name: Description of Cell Phone	 Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. 	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's Snap Finance	Surrender the property.	■ No
name: Description of Couch, loveseat, bed,	 Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. 	☐ Yes
property	☐ Retain the property and [explain]:	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

Debtor 1 Cathleen Jane Smith	Case number (if known)	3:17-04281-RM3-7
securing debt:		_
art 2: List Your Unexpired Personal Property Leases		
or any unexpired personal property lease that you listed the information below. Do not list real estate leases. Un ou may assume an unexpired personal property lease if	nexpired leases are leases that are still in effect; the	lease period has not yet ended
escribe your unexpired personal property leases		Will the lease be assumed?
essor's name:		□ No
escription of leased roperty:		П у
Toperty.		☐ Yes
essor's name:		□ No
Description of leased Property:		☐ Yes
essor's name: escription of leased		□ No
Property:		☐ Yes
essor's name:		□ No
Description of leased Property:		
		☐ Yes
Lessor's name: Description of leased Property:		□ No
		☐ Yes
essor's name: escription of leased		□ No
roperty:		☐ Yes
essor's name:		□ No
escription of leased roperty:		
operty.		☐ Yes
art 3: Sign Below		
nder penalty of perjury, I declare that I have indicated moperty that is subject to an unexpired lease.	ny intention about any property of my estate that sec	cures a debt and any personal
/s/ Cathleen Jane Smith	X Signature of Debtor 2	
Cathleen Jane Smith Signature of Debtor 1	Signature of Debtor 2	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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